

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/563981

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	(1)					
5	(1)			1		
6	(1)			1		
7	(1)			1		
8	(1)			1		
9	(1)			1		
10	(1)			1		
11	(1)			1		
12	(1)			1		
13	(1)			1		
14	(1)			1		
15	(1)			1		
16	(1)			1		
17	(1)			1		
18	(1)			1		
19	(1)			1		
20	(1)					
21	(1)					
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49						
50						
TOTAL IND.	1	↓	1	↓	0	↓
TOTAL DEP.	21	←	17	←	0	←
TOTAL CLAIMS	22		18		0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	